



ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS

30869 7590 12/28/2007

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
2345 YALE STREET, 2ND FLOOR
PALO ALTO, CA 94306

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO (571) 273-2885, on the date shown below:

Abigail Capulong	(Depositor's name)
	(Signature)
1/14/08	(Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
10/676839	9/30/2003	Salih B. Gokturk	S01-264/US	3053
Title: THREE-DIMENSIONAL PATTERN RECOGNITION METHOD TO DETECT SHAPES IN MEDICAL IMAGES				

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
nonprovisional	YES	\$720	\$300	\$0	\$1020	03/28/2008
Examiner		Art Unit	Class-SubClass			
SCHAFFER, JONATHAN C		2624	382/159			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):			2. For printing on the patent front page list firm name:			
<input type="checkbox"/> Change of correspondence address attached. <input type="checkbox"/> "Fee address" indication attached.			LUMEN PATENT FIRM, INC.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. The Board of Trustees of the Leland Stanford Junior University

(B) RESIDENCE (City and State or Country)

1. Palo Alto, CA

01/17/2008 HASFAN2 00000046 10676839

720.00 DP

300.00 DP

Please check the appropriate assignee category/categories: Individual Corporation or Private Group Entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee
- Advance Order - # of Copies _____

4b. Payment of fee(s):

- Check is enclosed
- Payment by credit card (form is attached)
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)

5. Change in entity status (from status indicated above)

- a. Applicant claims SMALL ENTITY status
- b. Applicant is no longer claiming SMALL ENTITY status

SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT

SIGNATURE	/ Ron Jacobs / Reg. No. 50,142	DATE	1/14/08
PRINTED NAME	Ron Jacobs	REG. NO.	50,142

This collection of information is required by 37 CFR 1.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	2	Attorney Docket Number	S01-264/US
--	---	------------------------	------------

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other (<i>Specified below</i>)
Other: Issue Fee		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Ron Jacobs / Reg.No. 50,142		
PRINTED NAME	Ron Jacobs		
DATE	1/14/08	REGISTRATION NUMBER	50,142

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Abigail Capulong /
PRINTED NAME	Abigail Capulong
DATE	1/14/08

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

